

		Page 1 of S
FINANCIAL DISCLOSURE STATEMENT  For New Members	For New Members, Candidates, and New Employees	TOTAL STIVE RESOURCE CENTY
Name: Luke Spencer Daytime Telephone:	hone:	18 JUL 25 PH 1: 12
New Member of or Candidate for State: 12345  U.S. House of Representatives District: 18  Candidates – Date of Election: 11-6-18	Check if Amendment	(Office Use Only)
New Officer or Employee  Staff Filer Type (If Applicable):  Employing Office: Shared Principal Assistant	Period Covered: January 1, to	A \$200 penalty shall be assessed against any individual who files more than 30 days late.
PRELIMINARY INFORMATION - ANSWER <u>EACH</u> OF THESE QUESTIONS	TIONS	
A. Did you, your spouse, or your dependent child:     a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? or b. Receive more than \$200 in uneamed income from any reportable asset during the reporting period?	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	ng the reporting yes No X
C. Did you or your spouse have *earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the Yes No reporting period?	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing?	arrangement with an Yes No No
D. Did you, your spouse, or your dependent child have any reportable Yes No	J. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years?	n \$5,000 from a Yes No X
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES" THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO	HEDULE IF YOU ANSWER "YES	NSWER "YES" EQUIRED TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER <u>BOTI</u>	- ANSWER <u>BOTH</u> OF THESI	H OF THESE QUESTIONS
TRUSTS Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?	ther "excepted trusts" need not be disclosed.	Have you excluded Yes 🔲 No 💢
<b>EXEMPTION</b> – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.		because they meet all three tests for Yes No X

## SCHEDULE A - ASSETS & "UNEARNED INCOME"

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1	1	1	7	t		<u>-</u> -	$\sqcap$	For a detailed discussion of Schedule A requirements please refer to the instruction booklet.	If you so choose, you may indicate that an esset or income source is that of your spouse (SP) or dependent child (DC), or jointly hald with enyone (JT), in the optional column on the far left.	If you report a privately-traded fund that Excepted investment Fund, please check the box.	Exclude: Your personal residence, including secon tomes and vacation homes (whose there was ray income during the reporting period); and any financia nierest in, or income derived from a federa etimenent program, including the Thrift Sevings Plan	For an ownership interest in a privately held busines that is not publicly traded, atets the name of it business, the nature of its activities, and it geographic location in Block A.	For rental and offer real properly held for investment provide a complete address or description, e.g. rental properly," and a city and state.	"I deam aird other cean accounts, these trails in our et al. I deam to that is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.		For all IRAs and other retirement plans (such a 401(k) plans) provide the value for each asset held	Provide complete names of stocks and mutual funds (do not use only ficker symbols).	ncome during the year.	xceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which consumed more than \$200 in "histograph"	dentify (a) each as production of income	>	
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## SCHEDULE C - EARNED INCOME

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	Page 4 of 5	

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2017 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$27,765. The 2018 limit is \$28,050. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff. EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

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Source (include date of receipt for nonorana)	iype	Current Year to Filing	Preceding Year
ABC Trade Association, Battimore, MD (July 15)	Honoratium	\$0	\$500
Examples: State of Maryland Cot. 2)	Selery Spouse Speech	\$20,000 \$0	\$76,000 \$1,000
Ontario County Board of Education	Spouse Salary	NA	AN
Williams Companies	Salvey	\$62,067.85	\$62,067.85 \$101,293.25
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## **SCHEDULE F - AGREEMENTS**

agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service;	Name: Luka Spencer
a leave of absence during the period of government service;	pencer Page 5 of 5

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

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Date	Parties to Agreement	Terms of Agreement
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## SCHEDULE J - COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. Exclude: Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. Do not repeat information listed on Schedule C.

•		
	Source (Name and City/State)	Brief Description of Duties
Example:	Doe Jones & Smith, Hometown, Homestate	Accounting Services